

Entered - 11/17/00 - sb
CL00L0701- DIANNE C. MITCHELL

00- *R* -2026

CLAIM OF: MICHAEL WILSON
7465 Davidson Parkway, South
Room 220
Stockbridge, Georgia 30281

For damages alleged to have been sustained as a result of vehicular damage due to a road defect on November 15, 2000 at McDonough Boulevard and Moreland Avenue.

THIS ADVERSED REPORT IS APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0701

Date: November 27, 2000

Claimant /Victim MICHAEL WILSON

BY: (Atty)(Ins. Co.) _____

Address: 7465 Davidson Parkway, South, Room 220, Stockbridge, Georgia 30281

Subrogation: _____ Claim for Property damage \$ _____ Bodily Injury \$ _____

Date of Notice: 11/16/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 11/15/00 Place: McDonough Boulevard and Moreland Avenue

Department _____ Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges his vehicle was damaged due to a defect in the roadway. The investigation determined that the roadway is part of the Georgia State Highway System and is the responsibility of the State Department of Transportation. The claim has been forwarded to the State for handling and the claimant has been advised of this action.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others X Written _____ Oral X

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

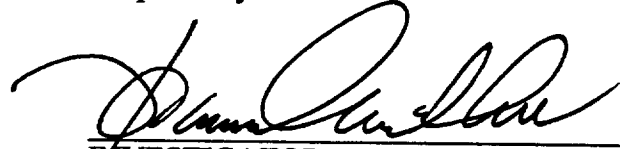
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 11-30-00

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
 City Hall
 55 Trinity Avenue, S.W.
 Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 11/16/00

Dear Municipal Clerk:

ENTERED - 11-17-00 - SB
 000701 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 11/15/00 2. Time of Incident: 6:15 am 3. Police called: X
 (month/day/year) ON McDONOUGH BLVD 100 feet from intersection of GA 42 (McDonough St.) + Maryland St. (DeKalb Co.)
4. Location of incident (including street address):
5. Name of your insurance company: State Farm Ins. Co. Policy No. _____
6. State what and how incident occurred: I was driving down GA 42, and approximately 100 ft. from intersection of GA 42 + Maryland St., I hit an unsecured man hole. There was a steel plate near the hole, but it was not covering the hole--it was not securing hole.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
 Your vehicle: Delta 88 (Oldsmobile) 1986 CCB529 Michael Wilson
 (Make) (Year) (Tag Number) (Driver's Name)
 City vehicle: _____
 (Make) (City Driver's Name) (Department/Bureau)
9. Witness: _____
 (Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Michael Wilson
 Signature of Claimant

1311 S. 3rd St

Tuconcan' NM 88401

00-R -2026

Michael Wilson
 (Print Claimant's Name)
7465 Davidson Parkway S. Room 220
 (Address)
Stockbridge, GA 30281
 (City) State and Zip Code)
678-984-4435 678-984-4435
 (Work Number) (Home Number)
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